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UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON

MAR 26 2022

AT SEATTLE
CLERK U.S. DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
BY DEPUTY

Christian Michael Fisher
Plaintiff's full name and prisoner number

Plaintiff,

****AMENDED****

v. City of Seattle.

Case No. 22-cv-212-RSL-SKV
(leave blank – for court staff only)

PRISONER CIVIL RIGHTS
COMPLAINT

Defendant's/defendants' full name(s)

Defendant(s).

Jury Demand?

☒ Yes☐ No

(If you cannot fit all of the defendants' names in the space provided, please write "see attached" in the space above and attach additional sheets of paper, as necessary, with the full list of names. The names listed here must be identical to those in Section II. Do not include addresses here. **Individuals whose names are not included in this section will not be considered defendants in this action.**)

WARNINGS

1. Do not use this form if you are challenging the validity of your criminal conviction or your criminal sentence. If you are challenging your conviction or sentence, or if you are seeking restoration of good-time credits that would shorten your sentence, you must file a Petition for Writ of Habeas Corpus. If you use this form to challenge your conviction or sentence, you risk having your claim dismissed. Separate forms are available for filing a habeas petition.

2. Under the Prison Litigation Reform Act ("PLRA"), you are required to exhaust all remedies in your institution's grievance system that are available to you before filing suit. This generally means that you must file a grievance and, if it is denied, appeal it through all available levels of review. Your case may be dismissed if you fail to exhaust administrative remedies, unless the administrative grievance process was not "available" to you within the meaning of the PLRA. You are not required to plead or show that you have exhausted your claim in this complaint.

3. Please review your complaint carefully before filing. If your case is dismissed, it may affect your ability to file future civil actions while incarcerated without prepaying the full filing fee. Under the PLRA, a prisoner who has had three or more civil actions or appeals dismissed as frivolous, malicious, or for failure to state a claim cannot file a new action without first paying the full filing fee, unless the prisoner is in imminent danger of serious bodily injury.

4. Under Federal Rule of Civil Procedure 5.2, papers filed with the court, including exhibits or attachments to a complaint, may not contain certain information, which must be modified as follows:

Do not include:

- a full social security number
- a full birth date
- the full name of a minor
- a complete financial account number

Instead, use:

- the last four digits
- the birth year
- the minor's initials
- the last four digits

5. You may, but do not need to, send exhibits, affidavits, grievances, witness statements, or any other materials to the Clerk's Office with this complaint. Any documents you submit *must relate directly to the claims you raise in this lawsuit*. They will become part of the court record and *will not be returned to you*.

I. PLAINTIFF INFORMATION

Name (Last, First, MI)

Aliases/Formal Names

Prisoner ID #

Place of Detention

Institutional Address

County, City

State

Zip Code

Indicate your status:

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee

- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner

II. DEFENDANT INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page of the complaint. Attach additional sheets of paper as necessary.

Defendant 1:

Name (Last, First)

Current Job Title

Current Work Address

County, City

State

Zip Code

Defendant 2:

Name (Last, First)

Current Job Title

Current Work Address

County, City

State

Zip Code

Defendant 3:

Name (Last, First)

Current Job Title

Current Work Address

County, City

State

Zip Code

III. STATEMENT OF CLAIM(S)

In this section, you must explain what you believe each defendant did to violate your civil rights, and if you know, identify the federal statutory or constitutional right you believe was violated.

If you believe the defendant(s) violated your civil rights in more than one way, explain each violation under a different count. For example, if you believe you received constitutionally inadequate medical care and your religious rights were substantially burdened, include one claim under "Count I" (i.e., medical) and the other claim under "Count II" (i.e., religion).

Number your paragraphs. For example, in Count I, paragraphs should be numbered 1.1, 1.2, 1.3, etc., and in Count II, paragraphs should be numbered 2.1, 2.2, 2.3, etc. The first two paragraphs of each Count have been numbered for you.

If you have more than three counts, attach additional pages and follow the same format for each count.

If you attach documents to support the facts of your claim(s), you must specify which portion of the document(s) (i.e., page and paragraph) you are relying on to support the specific fact(s) of your claim(s). If you do not specify the portion of the supporting document(s), the Court may disregard your document(s).

COUNT I

Identify the first right you believe was violated and by whom:

1.1 Violation of Speedy trial rights.

State the facts of your first claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

1.2 King County failed to release me "on time" and failed to appraise me of my court dates. The court dates were never there open when I needed to be.

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count I. Continue to number your paragraphs.

~~Had to do extra fine.~~

Court I
COUNT II

Identify the second right you believe was violated and by whom:

2.1 Non - Compliance

State the facts of your second claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

2.2 I fired my lawyer 3 times, I in front of her boss. I also got sent to Western State Hospital on a Civil ~~commit~~ commitment and the only lawyer I have in my file is Megan Lacays ~~the~~ ^{her} number which is my lawyer for the criminal case and I called her up and she told me I wasn't even her lawyer and she denied me being her lawyer.

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count II. Continue to number your paragraphs.

was abused by staff abt and
was kept in up abt and no
care for medical reasons and would
around abt

COUNT III

Identify the third right you believe was violated and by whom:

3.1 everything from 22-cv-212-RSL-SKV
case please. and thanks.

State the facts of your third claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

3.2

IV. RELIEF

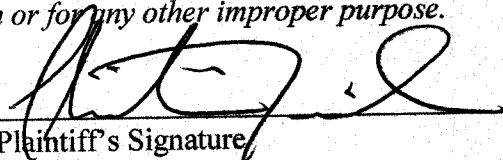
State exactly what you want the Court to do for you. For example, you may be seeking money damages from an individual defendant, you may want the Court to order a defendant to do something or to stop doing something, or you may want both kinds of relief. Make no legal arguments. Cite no cases or statutes.

~~100,000~~ 5 million dollars.
~~100,000~~

V. SIGNATURE

By signing this complaint, you represent to the Court that you believe the facts alleged to be true to the best of your knowledge, that you believe those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

March 20, 2022
Dated


Plaintiff's Signature

Christian Fisher
Western State Hospital
Ward F-4
9601 Steilacoom Blvd. SW.
Lakewood, WA 98498

TACOMA WA 983
24 MAR 2022PM 3



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Ravi Subramanian
Clerk of Court
700 Stewart St.
Seattle, WA 98101

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96101-443959

BY DEPUTY